



# Washington Guaranteed Education Tuition

Send to:  
Guaranteed Education Tuition  
PO BOX 84824, Seattle, WA 98124-6124  
1-800-955-2318 • FAX 1-360-704-6200  
Email: GETInfo@hecb.wa.gov

## MASTER SCHOLARSHIP TRANSFER FORM

Please print or type all information. Be sure to sign form. **Units must be two years old before transfer is permitted.**

### 1. ACCOUNT INFORMATION

GET ACCOUNT NUMBER

ORGANIZATION NAME (as shown on original Account set-up forms)

ADDRESS

Number and street, including suite or PO Box number

City

State

Zip

Email Address

TAX ID #

TELEPHONE

EXT.

ORGANIZATION AUTHORIZED REPRESENTATIVE (Required)

### 2. STUDENT BENEFICIARY INFORMATION

The Student Beneficiary is the person who will use the benefits of the contract. Please complete the following information about him or her. Be sure to supply the student's Social Security Number. The student must be a Washington resident at the time of designation.

NAME

Last name and Generational Suffix (i.e. Sr., Jr., III.)

First Name

M.I.

ADDRESS

Number and street, including apartment number or PO Box Number

City

State

Zip

Email Address

SOCIAL SECURITY OR TAX ID #

HOME TELEPHONE

WORK TELEPHONE

EXT.

SEX: ☐ MALE ☐ FEMALE DATE OF BIRTH (required) Month Day Year Current Grade in School

Estimated usage date/benefit use year: Number of units being awarded/transferred at this time (may not exceed 500)

### 3. PARENT/LEGAL GUARDIAN

NAME

Last name and Generational Suffix (i.e. Sr., Jr., III.)

First Name

M.I.

ADDRESS ☐ Check here if you want to use the same address as listed in the Student Beneficiary Section

Number and street, including apartment number or PO Box Number

City

State

Zip

Email Address

SOCIAL SECURITY OR TAX ID #

HOME TELEPHONE

WORK TELEPHONE

EXT.

#### 4. DESIGNATED PURCHASER

Who will be the Designated Purchaser on this account?

☐ **Organization** listed in Section 1. The student will only be allowed to make distributions for qualified educational expenses: tuition, room and board, books and supplies. Some costs, like books and supplies, will be paid back to the student in the form of a reimbursement. At the request of the Organization any unused units will be transferred back to the Organization's Master Scholarship Account.

☐ **Beneficiary** listed in Section 2. The Organization relinquishes all control over how the funds are used. (e.g., The designated account owner could request a refund.)

☐ **Parent/Guardian** of Beneficiary listed in Section 2. The Organization relinquishes all control over the funds, including control over how the funds are used. (e.g., The designated account owner could request a refund.)

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#### 5. INFORMATION RELEASE

You may authorize GET to release verbal information regarding this student's account to another person in addition to the person listed in Section 4. Please provide the following information about him or her.

NAME

\_\_\_\_\_  
Last name and Generational Suffix (i.e. Sr., Jr., III.) First Name M.I.

ADDRESS ☐ Check here if you want to use the same address as listed in the Student Beneficiary Section

\_\_\_\_\_  
Number and street, including apartment number or PO Box Number

\_\_\_\_\_  
City State Zip Email Address

SOCIAL SECURITY OR TAX ID # HOME TELEPHONE WORK TELEPHONE EXT.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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#### 6. TRANSFER FEE (Required any time units are transferred to a designated student account)

The non-refundable Transfer Fee MUST be included when this form is submitted. You may send a check with the form or charge the \$25.00 transfer fee to your credit/debit card. Please select your payment option(s) below.

☐ Pay \$25.00 Transfer Fee by **CHECK** Check # \_\_\_\_\_

☐ Pay \$25.00 Transfer Fee by **CREDIT/DEBIT CARD**. (fill out information below.) ☐ VISA ☐ MC ☐ DISC ☐ AMEX

\_\_\_\_\_  
Credit Card Number Month Year  
\_\_\_\_\_  
Expiration Date

**I authorize GET to charge the \$25.00 Transfer Fee to the above credit/debit card. I understand this fee is non-refundable.**

Signature of the Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Print name as shown on credit/debit card: \_\_\_\_\_

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#### 7. SIGNATURE OF AUTHORIZED REPRESENTATIVE

I hereby certify that the above information on this Transfer Form is true and accurate to the best of my knowledge. I acknowledge that a Penalty Fee may apply for account cancellation/termination. In signing below, I am agreeing to all terms and conditions of the Master Agreement which I have read and fully understand. I certify that the student is a resident of the State of Washington. The Authorized Representative must have signature authority.

Signature of the Organization's Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please print full name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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**Submit to:** Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax to 360-704-6200

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318